

TOWN OF ROWE

Board of Health

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(413) 339 -5520

321 Zoar Rd.

Rowe, MA 01367

Please fill out and return to the Board of Health Office before June 25th. Your tag and stickers will be mailed to you. Also include the \$25.00 fee.

Name _____

Home Address _____

Phone Number _____

Make, Model, Color of Vehicle _____

License Plate # _____